



ROL/AT
SPW

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000,
provides for continued examination of an utility or plant application
filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/697,096
Filing Date*	October 31, 2003
First Named Inventor	Bruno DEVOS
Group Art Unit	2629
Examiner Name	Jimmy Nguyen
Attorney Docket No.	DEVO/3004/JEKJS

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☒ a. The Amendment/Reply filed March 30, 2007.
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The arguments in the Brief/Reply Brief filed on (date):
- ☐ d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☐ e. Other:
- ☒ 2. A Petition for Further Extension of Time is filed herewith.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.
- ☒ 4. A check in the amount of **\$1,120** is submitted herewith.
- ☐ 5. This Request is transmitted by facsimile to number (703) _____.
- ☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$790.00
Total Claims:	21	-	21	(highest number previously paid for) =	0.00 X \$50 =
Independent Claims:	1	-	3	(highest number previously paid for) =	0.00 X \$200 =
Correspondence Address: 23364 Customer Number				Multiple Dependent Claim (add \$360.00):	
				Subtotal:	
				50% Reduction If Small Entity Status:	
Phone: 703-683-0500				Fax: 703-683-1080	Total:
Date:				Name:	Signature:
May 4, 2007				JOHN R. SCHAEFER	Reg. No. 47,921

rce transmittal.wpd

(09Dec04)

The PTO did not receive the following
listed item(s) a check for \$ 790
and \$ 330.

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